

Case Number:	CM14-0172963		
Date Assigned:	10/23/2014	Date of Injury:	07/14/2012
Decision Date:	11/25/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/20/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in General Preventive Medicine and is licensed to practice in Indiana. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This employee is a 39 year old female with date of injury of 7/14/2012. A review of the medical records indicates that the injured worker is undergoing treatment for thoracic, lumbar, and pelvic strain and sprain. Subjective complaints include continued pain in her upper and lower back with radiation down her leg with numbness and tingling down to her right foot. Objective findings include limited range of motion of the thoracic and lumbar spine with tenderness to palpation of the paravertebrals; negative straight leg raise bilaterally; MRI of the spine showing no abnormalities from L1 to S1. Treatment has included physical therapy, chiropractic manipulations, epidural steroid injections, Gabapentin, Neurontin and Naproxen. The utilization review dated 10/8/2014 non-certified Methoderm #2 bottles.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Methoderm #2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams

Decision rationale: MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Methoderm/Thera-Gesic is the brand name version of a topical analgesic containing methyl salicylate and menthol. ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, the treating physician does not document the failure of first line treatments. As such, the request for Methoderm is not medically necessary.